

New Hampshire State Council on the Arts

Application and Budget Form: Organizations & Schools

Please check the program area and the type of grant requested. For unlisted grants, other than an operating grant which uses a different application form, write in grant name next to "Other". Fill out a separate application form for each type of grant and amount requested. Applicants are reminded that all grant funding is dependent upon federal and state government appropriations and therefore subject to change.

☐ **ORGANIZATIONAL SUPPORT PROGRAM**

- ☐ Organizational Support Project Grant
- ☐ Cultural Conservation Grant
- ☐ Cultural Facilities Grant
- ☐ American Masterpieces: NH Inspirations

☐ **ARTS IN EDUCATION PROGRAM**

- ☐ ArtLinks
- ☐ Artist Residency in Schools Grant (AIR)
- ☐ AIE Leadership Grant

☐ **COMMUNITY ARTS PROGRAM**

- ☐ Community Arts Project Grant
- ☐ Arts in Health Care Project Grant

☐ **TRADITIONAL ARTS PROGRAM**

- ☐ Traditional Arts Project Grant

☐ **ACROSS PROGRAMS**

- ☐ Mini-Grants
- ☐ Other: _____

AMOUNT REQUESTED \$ _____

1. APPLICANT DATA (TYPE OR PRINT CLEARLY)

Official IRS Name of Applicant or Fiscal Agent: _____

Authorized Official's Name & Title: (School Principal, if applicable) _____

Mailing Address _____ City/Town _____ State _____ ZIP _____

Daytime Phone _____ Fax _____ E-mail _____ URL _____

Enter NISP codes: <http://www.nh.gov/nharts/grants/nisp.htm>

Arts Discipline (for *primary* area of applicant organization's work): _____

Race/Ethnicity of Organization (Grantee Race): _____

2. PAYMENT (IF PAYMENT IS TO BE MADE TO SOMEONE OTHER THAN THE APPLICANT, PLEASE FILL IN.)

Official IRS name: _____

Mailing Address _____ City/Town _____ State _____ ZIP _____

Daytime Phone _____ Fax _____ E-mail _____ URL _____

For Office Use Only: FY _____ Activity Type _____ AIE% _____ App. # _____

APPLICANT NAME:**3. CONTACT PERSON/SITE COORDINATOR (IF DIFFERENT FROM THE AUTHORIZED OFFICIAL)**

Name

Title

Address (if different from above)

City/Town

State

ZIP

Daytime Phone

Fax

E-mail

4. GRANT REQUEST DATA**Project Summary:** (one phrase or sentence)**Project Director:** (if different from Contact Person)**Project Start and End Dates:****Enter NISP codes from:** <http://www.nh.gov/nharts/grants/nisp.htm>

Arts Discipline (describing this project's activities)

Project Race

International Activity of Project

Yes ____ No ____

Estimate the total number of individuals to benefit from this project: _____(See definition at: <http://www.nh.gov/nharts/grants/basics/glossary.htm>)**Number of Towns/Communities** to benefit _____ **Number of students/youth** to benefit _____**Number of Artists** to participate _____ **Number of NH artists** _____If you are booking artists from the **NH Artist Roster** for this project, please list names below with *Artist Roster* code (AIE, TA, CAP, or TRAD):

5. ORGANIZATIONAL DATA (ORGANIZATIONS ONLY)**Year Founded:****Incorporated in NH:****Year Granted IRS exemption:****Number of paid staff:** Full-time ____ Part-time ____**Number of volunteers:****Fiscal Summary:** *Provide actual figures for last completed fiscal year and estimate figures for current and future fiscal years included in grant proposal.***Dates of current fiscal year:** ____/____/____ to ____/____/____

| | Past Year | Present Year | Future Year |
|--------------------------|-----------|--------------|-------------|
| Total Income: \$ | \$ | \$ | \$ |
| Total Expense: \$ | \$ | \$ | \$ |

APPLICANT NAME:

6. FACILITY DATA & ACCESSIBILITY ASSURANCES

Name of facility(ies) where arts activities funded by this grant will take place.

How long has the facility(ies) been used for arts activities?

Name of your ADA Coordinator:

Answer "Yes" or "No" to each of the following questions:

_____ Is this facility accessible to people with disabilities?

_____ Is accessibility part of the organization's long range plan?

_____ Has an ADA self-evaluation of the organization's facilities and programs been conducted?

_____ Have policies and procedures been established which address nondiscrimination against persons with disabilities?

_____ Is this information posted?

_____ **Does applicant own the facility?** If no, complete the following:

Name of Owner:

Address:

Length & Expiration of Lease:

7. CERTIFICATION

(Type in authorized official or artist name below)

I, _____, **do hereby certify** that all of the figures, facts and representations made in this application and its attachments are true and correct to the best of my knowledge and belief. Any grant funds received in connection with this application will be expended as described and any changes in the budget or purpose of this application will be **submitted in writing** for approval.

By signing the application, the Applicant hereby agrees to comply with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations (governing fair labor practices); the Age Discrimination Act of 1975; the U.S.C. Sec. 1913 regulating lobbying with appropriated monies; the Drug-Free Workplace Act of 1988; and the Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes & regulations described in OMB circulars A-102 and A-87, Cost Principles.

| | | |
|---|-------|------|
| Signature of authorized official | Title | Date |
| Signature of person preparing this application (if different) | Title | Date |
| Signature of artist(s) required for Artist(s) in Residency Applications | | Date |

NHSCA reserves the right to monitor sub-grantees to ensure that all applicable terms & conditions of grants are being met. Grantees are reminded that failure to submit final reports will adversely affect eligibility for funding for two years.

BUDGET

APPLICANT NAME:

| EXPENSES (PROJECT ONLY) | CASH | IN-KIND |
|---|---------|----------|
| Salaried Employees (<i>Prorate salaries, wages, fringe benefits to include only time spent on this project. Indicate # of positions and % of time spent on Project.</i>) | | |
| Administrative: | \$..... | \$ |
| Artistic: | \$..... | \$ |
| Arts Specialists: | \$..... | \$ |
| Teachers: | \$..... | \$ |
| Technical/production: | \$..... | \$ |
| Outside Fees & Services (<i>independent contractor fees</i>) | | |
| Roster Artist Fees..... | \$..... | \$ |
| Other Artist Fees (<i>specify</i>): | \$..... | \$ |
| | | |
| Other (<i>specify</i>): | \$..... | \$ |
| | \$..... | \$ |
| Space Rental (<i>location/rate</i>):..... | \$..... | \$ |
| Travel (<i>specify # of travelers, mileage, per diems</i>) | | |
| In-state: | \$..... | \$ |
| Out-of-state: | \$..... | \$ |
| Marketing/Publicity (<i>specify</i>):..... | \$..... | \$ |
| Remaining Project Expenses (<i>specify</i>):..... | \$..... | \$ |
| | | |
| Total Cash Expenses (must equal Total Cash Income) | \$..... | |
| Total Value of In-kind Contributions | | \$ |
| Identify sources of in-kind (donated services or goods) contributions:..... | | |

Next Page →

APPLICANT NAME:**INCOME****Revenue (*Earned Income*)**

Admissions (# of tickets x av. cost \$:)..... \$.....

Contracted Services (specify): \$.....

Other Revenue (specify): \$.....

..... \$.....

Support (*Unearned Income*)

Memberships:..... \$.....

Corporate Contributions (*identify*): \$.....Private Foundations (*identify*): \$.....

New England Foundation for the Arts Grants: \$.....

Parent Teacher Organization: \$.....

Other Private Support (*includes fundraisers*): \$.....**Government Support**

Federal: \$.....

State (*do not include this request*): \$.....

Local: \$.....

Applicant Cash:..... \$.....(See Glossary at <http://www.nh.gov/nharts/grants/basics/glossary.htm>)**Sub-Total (Income from Above):** \$.....**Grant Amount Requested from Arts Council:**.....+ \$**Total Cash Income:** (Must equal Total Cash Expenses).....= \$